

RENUNCIATION OF STATUS REPORT DOMESTIC LIMITED LIABILITY PARTNERSHIP

MAILING ADDRESS:
Commercial Recording Division
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Office of the Secretary of the State

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Space For Office Use Only

Filing Fee: \$25.00

Make Checks Payable To "Secretary of the State"

1. NAME OF THE LIMITED LIABILITY PARTNERSHIP:

**The above named limited liability partnership hereby renounces its
status as a registered limited liability partnership.**

2. EFFECTIVE DATE OF THE RENUNCIATION (if other than the file date): ____/____/____.
Month Day Year

EXECUTION:

Dated this _____ day of _____, 20____.

3.

4.

Name of partner

Signature